

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4360</u>	2. Fiscal Year Covered From:  1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.  Name Gregory L Herbold  P.O. Box, Bldg., Room No., if any  Street 110 Jackdaw Lane  City Carson City  State Nevada ZIP Code + 4 89704	4. Name, file number, and address of labor organization.  Name ATU National Local 1700  Labor Organization File Number 540-160  P.O. Box, Building and Room Number, if any PO Box 97  Street  City American Fork  State Utah ZIP Code + 4 84003
5. Position in labor organization. Presiden/Business Agent	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Gregory L Herbold</u>	On <u>7/23/2004</u> Date	<u>775-849-3518</u> Telephone Number

Name of Person Filing Gregory Herbold	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Greyhound/ATU National Local 1700 H&amp;W Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 1640</p> <p>Street One Dallas Center, 350 N. ST. Paul</p> <p>City Dallas</p> <p>State Texas ZIP Code + 4 50266</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Expense reimbursement for attending Trust meetings.</p> <p>Please see additional attached page As per LM-30 General Instructions # X. "Additional pages" Itemizing expenses</p> <p>11.b. Approximate dollar value of such dealing. \$1,903</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>14.b. Amount of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	

Health Welfare Trustee  
Greg Herbold

Greyhound Lines, Inc.  
ATU National Local 1700  
Health Welfare Plan

End date report period  
Dec 31, 2004 Expense Reimbursement  
LM-30 Item 11.a 11.b

CK Date	CK #	Airfare	Hotel	Bkfast	Lunch	Dinner	Taxi, Etc	Other	Description
1/21/04	10422*	\$52.67							2/04 Pension & H&W meeting Las Vegas
2/24/04	10532*					\$44.68			2/04 Pension & H&W meeting Las Vegas
3/4/04	10491*		\$194.57			\$27.99			2/04 Pension & H&W meeting Las Vegas
4/20/04	10551*	\$208.00							6/04 Pension & H&W meeting Boston
6/8/04	10615*		\$244.55				\$25.00		6/04 Pension & H&W meeting Boston
6/8/04	3457	\$349.90							7/04 Health & Welfare meeting Dallas
7/7/04	3494		\$114.39			\$30.70			7/04 Health & Welfare meeting Dallas
8/5/04	10684*	\$144.70							9/04 Pension & H&W meeting New Orleans
9/23/04	10801*					\$38.52			9/04 Pension & H&W meeting New Orleans
9/28/04	10740*	\$124.50	\$273.07						9/04 Pension & H&W meeting New Orleans
10/19/04	10776*							\$30.00	Benefit Foundation dues

Total		\$879.77	\$826.58		\$0.00	\$141.89	\$25.00	\$30.00	
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Grand Total of all categories

\$1,903.24

\* Denotes equal payment by both Pension and Health & Welfare Trusts for joint meetings

Name of Person Filing Gregory Herbold

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Greyhound/Amalgamated Retirement Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2600 Westown Parkway, Suite 301

City West Des Moines

State Iowa

ZIP Code + 4 50266

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Expense reimbursement for attending Trust meetings.

Please see attached itemized expense page as per LM-30 General Instructions # X. "Additional Pages"

11.b. Approximate dollar value of such dealing.

\$1,946

12.a. Nature of interest held or income received.

12.b. Amount.

Pension Trustee  
Greg Herbold

Greyhound Lines, Inc.  
ATU National Local 1700  
Retirement Disability Plan

End date report period  
Dec 31, 2004  
LM-30 Item 11.a 11.b

CK Date	CK #	Airfare	Hotel	Bkfast	Lunch	Dinner	Taxi, Etc	Other	Description
1/21/04	10422*	\$52.67							2/04 Pension & H&W meeting Las Vegas
2/23/04	10575				\$30.00				2/04 Pension Trust meeting Las Vegas
2/24/04	10532*					\$44.68			2/04 Pension & H&W meeting Las Vegas
3/4/04	10491*		\$194.57			\$27.99			2/04 Pension & H&W meeting Las Vegas
4/20/04	10551*	\$208.00							6/04 Pension & H&W meeting Boston
6/8/04	10615*		\$244.55				\$25.00		6/04 Pension & H&W meeting Boston
8/5/04	10684*	\$144.70							9/04 Pension & H&W meeting New Orleans
9/22/04	10801				\$50.37				9/04 Pension Trust meeting New Orleans
9/23/04	10801*					\$38.52			9/04 Pension & H&W meeting New Orleans
9/28/04	10740*	\$124.50	\$273.07						9/04 Pension & H&W meeting New Orleans
10/12/04	10766	\$322.90							11/04 Pension Trust meeting Dallas
10/19/04	10776*							\$30.00	Benefit Foundation dues
11/8/04	10813		\$134.47						11/04 Pension Trust meeting Dallas

Total		\$852.77	\$846.66		\$80.37	\$111.19	\$25.00	\$30.00	
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Grand Total of all categories

\$1,945.99

\* Denotes equal payment by both Pension and Health & Welfare Trusts for joint meetings